

Public Health Preparedness and Situational Awareness Report: #2021:34

Reporting for the week ending 08/28/21 (MMWR Week #34)

September 3, 2021

CURRENT HOMELAND SECURITY THREAT LEVELS

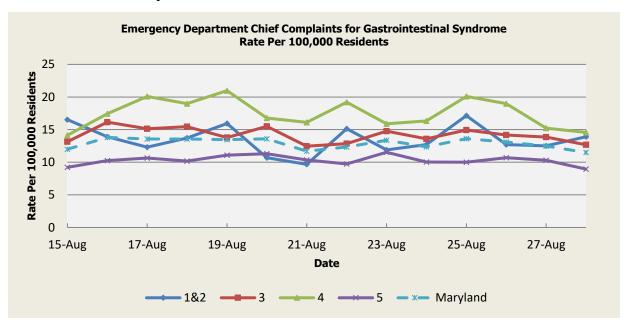
National: No Active Alerts

Maryland: ENHANCED (MEMA status)

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics): Graphical representation is provided for all syndromes (excluding the "Other" category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency Department chief complaint data is presented as rates per 100,000 residents using data from the 2010 census. Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; 2021.

Gastrointestinal Syndrome

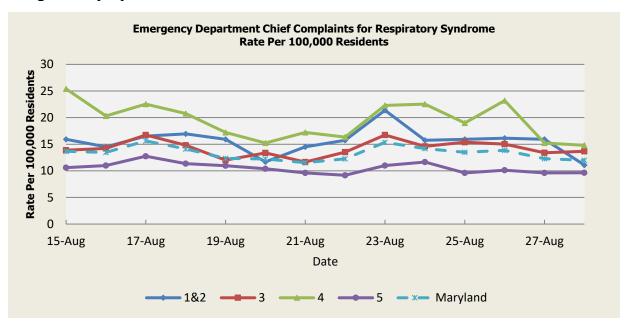


There were two (2) outbreaks of Gastrointestinal Syndrome outbreaks reported this week: 0ne (1) outbreak of Gastroenteritis in a Daycare Facility (Region 3), one (1) outbreak of Gastroenteritis /Foodborne in a School (Region 3).

	Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present						
Health Region	1&2	3	4	5	Maryland		
Mean Rate*	13.15	14.71	15.88	10.07	12.89		
Median Rate*	13.11	14.58	15.46	10.00	12.85		

^{*} Per 100,000 Residents

Respiratory Syndrome

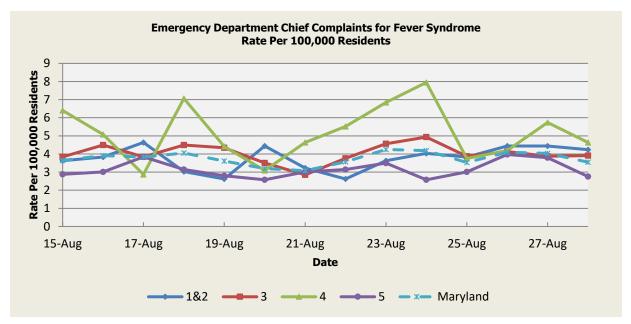


There were one hundred and thirty-two (132) Respiratory Syndrome outbreaks reported this week: Eighteen (18) outbreaks of COVID-19 in Assisted Living Facilities (Regions 3,4,5), four (4) outbreaks of COVID-19 in Correctional Facilities (Regions 1&2,3,5), one (1) outbreak of COVID-19 in a Behavioral Health Group Home (Region 3), eighteen (1) outbreaks of COVID-19 in Daycare Facilities (Regions 3,4,5), one (1) outbreak of COVID-19 in Day Program (Region 3), four (4) outbreaks of COVID-19 in Group Homes (Regions 1&2, 3,4), twelve (12) outbreaks of COVID-19 in Hospitals (Regions 1&2,3,4,5), one (1) outbreak of COVID-19 in an Independent Living Facility (Region 5), twenty four (24) outbreaks of COVID-19 in Nursing Homes (Regions 1&2,3,4,5), one (1) outbreak of COVID-19 in a Behavioral Health Facility (Region 3), one (1) outbreak of COVID-19 in a Restaurant (Region 4), twenty five (25) outbreaks of COVID-19 in Schools (Regions 1&2,3,4,5), six (6) outbreaks of COVID-19 in a Substance Use Treatment Programs (Regions 3,4,5), one (1) outbreak of COVID-19 in a Workplace (Regions 1&2), six (6) outbreaks of COVID-19 in Youth Camps (Regions 3,5), nine (9) outbreaks of RSV in Daycare Facilities (Regions 3,4,5).

	Respiratory Syndrome Baseline Data January 1, 2010 - Present						
Health Region	1&2	3	4	5	Maryland		
Mean Rate*	12.43	14.65	15.23	9.88	12.68		
Median Rate*	12.10	13.99	14.57	9.47	12.13		

^{*} Per 100,000 Residents

Fever Syndrome

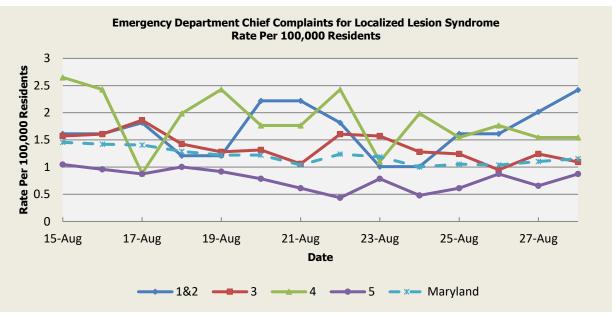


There were no Fever Syndrome outbreaks reported this week.

	Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland	
Mean Rate*	3.04	3.87	4.11	2.98	3.48	
Median Rate*	2.82	3.73	3.97	2.88	3.35	

*Per 100,000 Residents

Localized Lesion Syndrome

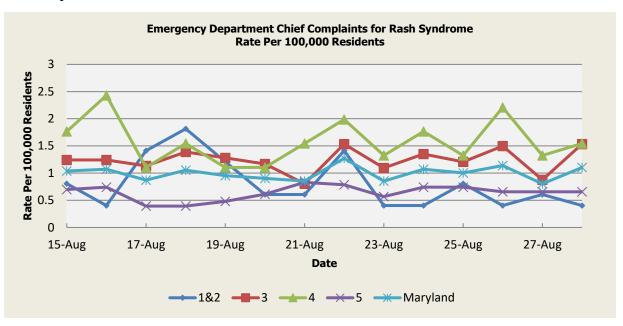


There were no Localized Lesion Syndrome outbreaks reported this week.

	Localized Lesion Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland	
Mean Rate*	1.17	1.66	1.95	0.85	1.33	
Median Rate*	1.01	1.61	1.77	0.83	1.29	

^{*} Per 100,000 Residents

Rash Syndrome

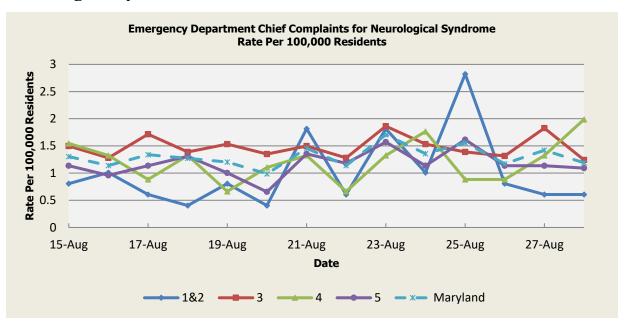


There was one (1) Rash illness outbreak reported this week: one (1) outbreak of Hand, Foot, and Mouth disease in a Daycare (Region 5).

	Rash Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland	
Mean Rate*	1.17	1.54	1.64	0.90	1.27	
Median Rate*	1.01	1.50	1.55	0.87	1.25	

^{*} Per 100,000 Residents

Neurological Syndrome

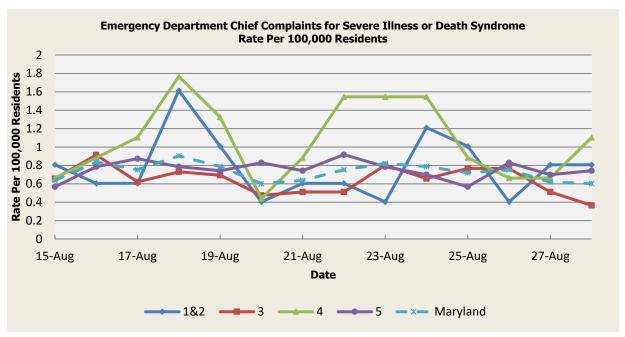


There were no Neurological Syndrome outbreaks reported this week.

	Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland	
Mean Rate*	0.84	1.04	0.97	0.67	0.87	
Median Rate*	0.81	0.99	0.88	0.61	0.85	

^{*} Per 100,000 Residents

Severe Illness or Death Syndrome



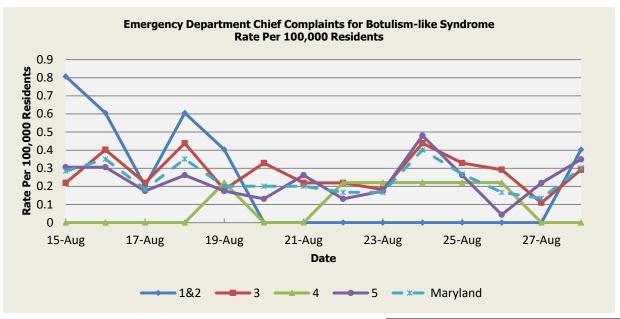
There were no Severe Illness or Death Syndrome outbreaks reported this week.

	Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present							
Health Region	1&2	3	4	5	Maryland			
Mean Rate*	0.67	0.87	0.85	0.55	0.73			
Median Rate*	0.60	0.84	0.88	0.52	0.70			

^{*} Per 100,000 Residents

SYNDROMES RELATED TO CATEGORY A AGENTS

Botulism-like Syndrome

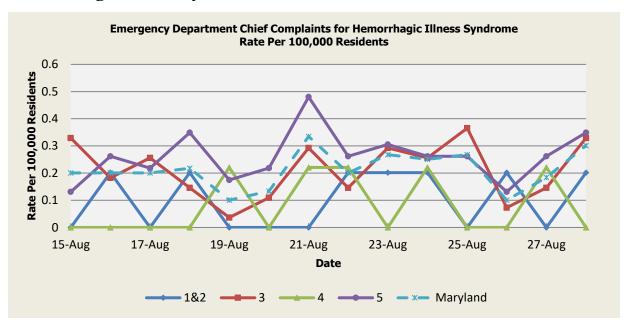


There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on 8/15 (Regions 1&2,5), 8/16 (Regions 1&2,3,5), 8/17 (Regions 1&2), 8/18 (Regions 1&2,3,5), 8/19 (Regions 1&2,4), 8/20 (Region 3), 8/21 (Region 5), 8/22 (Region 4), 8/23 (Region 4), 8/24 (Regions 3,4,5), 8/25 (Regions 3,4,5), 8/26 (Regions 3,4), 8/27 (Region 5), 8/28 (Regions 1&2,3,5). These increases are not known to be associated with any outbreaks.

	Botulism-like Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland	
Mean Rate*	0.08	0.14	0.07	0.09	0.11	
Median Rate*	0.00	0.11	0.00	0.09	0.10	

^{*} Per 100,000 Residents

Hemorrhagic Illness Syndrome

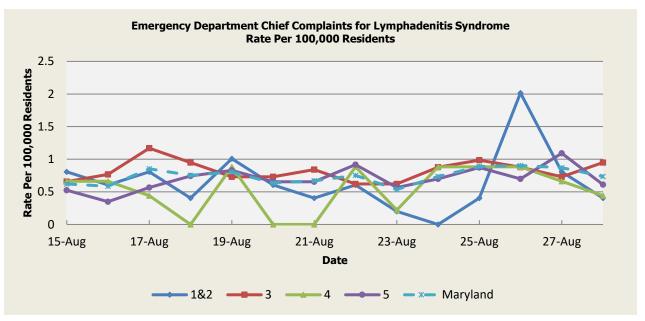


There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on 8/16 (Regions 1&2), 8/18 (Regions 1&2,5), 8/19 (Region 4), 8/21 (Regions 4,5), 8/22 (Regions 1&2,4), 8/23 (Regions 1&2,5), 8/24 (Regions 1&2,4), 8/25 (Region 3), 8/26 (Regions 1&2), 8/27 (Region 4), 8/28 (Regions 1&2,5). These increases are not known to be associated with any outbreaks.

	Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present						
Health Region	1&2	3	4	5	Maryland		
Mean Rate*	0.05	0.17	0.04	0.15	0.14		
Median Rate*	0.00	0.11	0.00	0.09	0.12		

^{*} Per 100,000 Residents

Lymphadenitis Syndrome



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome on 8/19 (Regions 1&2,4,5), 8/22 (Regions 4,5), 8/24 (Region 4), 8/25 (Regions 4,5), 8/26 (Regions 1&2,4), 8/27 (Region 5). These increases are not known to be associated with any outbreaks.

	Lymphadenitis Syndrome Baseline Data January 1, 2010 - Present						
Health Region	1&2	3	4	5	Maryland		
Mean Rate*	0.41	0.61	0.41	0.40	0.50		
Median Rate*	0.40	0.58	0.44	0.35	0.49		

^{*} Per 100,000 Residents

MARYLAND REPORTABLE DISEASE SURVEILLANCE

Coronavirus Disease 2019 (COVID-19) Situation Summary

On March 5th, 2020, the Maryland Department of Health announced the first cases of coronavirus disease 2019 (abbreviated COVID-19) in the State of Maryland.

Confirmed COVID-19 Case Counts in Maryland by County (As of September 3rd, 2021)

County	Number of
	Confirmed Cases
Allegany	7,783
Anne Arundel	47,622
Baltimore City	70,340
Baltimore County	56,320
Calvert	4,732
Caroline	2,552
Carroll	10,264
Cecil	7,205
Charles	12,609
Dorchester	3,369
Frederick	21,712
Garrett	2,286
Harford	18,131
Howard	20,813
Kent	1,470
Montgomery	76,486
Prince George's	92,378
Queen Anne's	3,278
St. Mary's	7,198
Somerset	2,816
Talbot	2,375
Washington	16,029
Wicomico	8,986
Worcester	4,281
Total	501,035

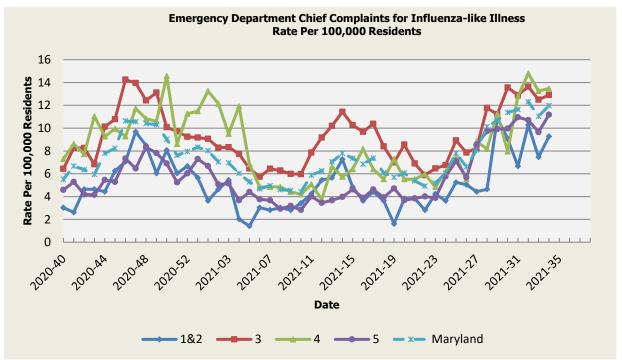
The most up-to-date information may be found on the Maryland Department of Health website at $\frac{1}{2}$ https://coronavirus.maryland.gov.

SYNDROMIC INFLUENZA SURVEILLANCE

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October 2020 through May 2021). Due to the COVID-19 pandemic, influenza reporting will be extended to the beginning of the 2021-2022 reporting season (MMWR Week 40/Week Ending October 9, 2021).

Seasonal Influenza activity for Week 34:

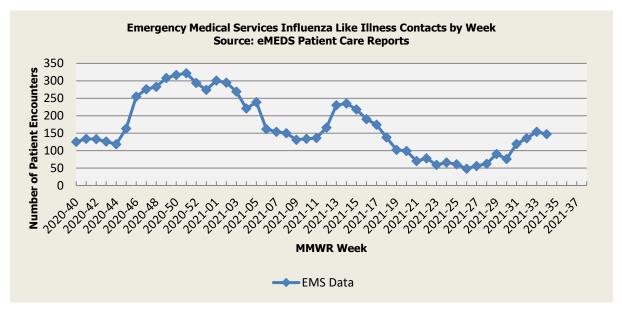
Influenza-like Illness



	Influenza-like Illness Baseline Data Week 1 2010 - Present					
Health Region	1&2	3	4	5	Maryland	
Mean Rate*	9.92	13.77	13.07	11.47	12.51	
Median Rate*	7.26	10.19	9.27	8.43	9.13	

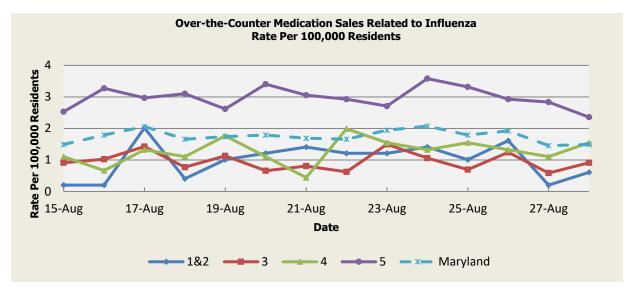
^{*} Per 100,000 Residents

Influenza-like Illness Contacts by Week



Disclaimer on eMEDS flu related data: These data are based on EMS Pre-hospital care reports where the EMS provider has selected "flu like illness" as a primary or secondary impression of a patient's illness. This impression is solely based on the signs and symptoms seen by the provider, not on any diagnostic tests. Since these numbers do not include all primary or secondary impressions that may be seen with influenza the actual numbers may be low. These data are reported for trending purposes only.

Over-the-Counter Influenza-Related Medication Sales

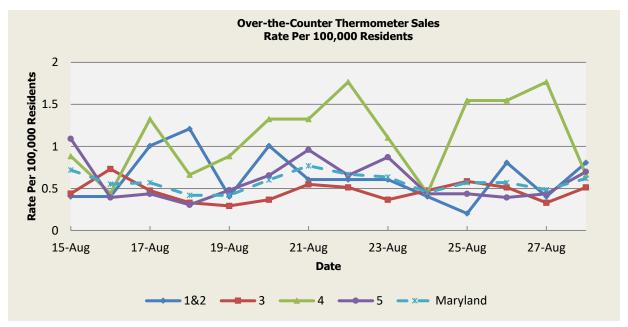


There was no appreciable increase above baseline in the rate of OTC Medication Sales during this reporting period.

	OTC Medication Sales Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.11	3.95	2.44	7.19	5.01
Median Rate*	2.42	2.94	1.99	6.20	4.05

^{*} Per 100,000 Residents

Over-the-Counter Thermometer Sales



There was no appreciable increase above baseline in the rate of OTC Thermometer Sales during this reporting period.

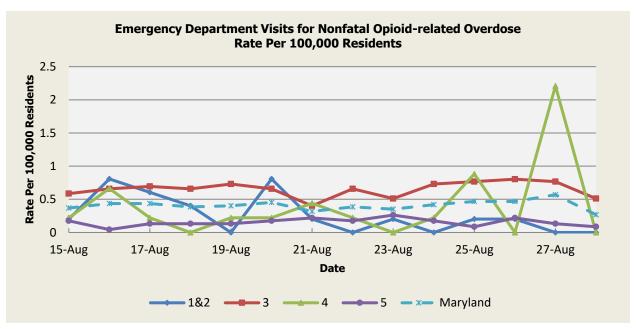
	Thermometer Sales Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	2.58	2.44	2.01	3.23	2.72
Median Rate*	2.22	2.41	1.77	3.27	2.77

^{*} Per 100,000 Residents

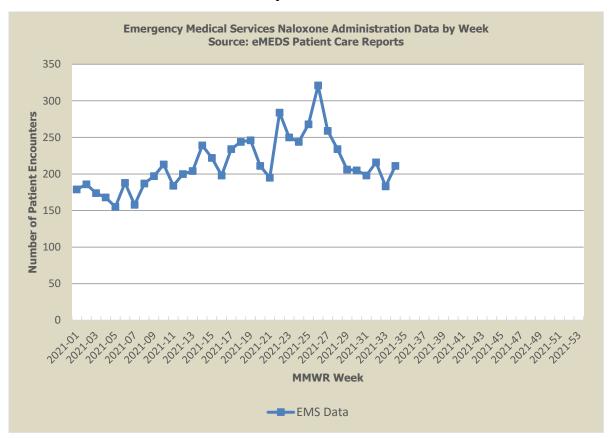
SYNDROMIC OVERDOSE SURVEILLANCE

The purpose of this section is to characterize nonfatal overdose trends among Maryland residents captured by ESSENCE data, including emergency department (ED) chief complaint and discharge diagnosis as well as emergency medical services (EMS) patient care reports. Maryland uses ESSENCE data to track trends in nonfatal drug overdoses as a critical strategy for surveillance and tailoring prevention resources to populations most affected in the state.

Nonfatal Opioid-related Overdose

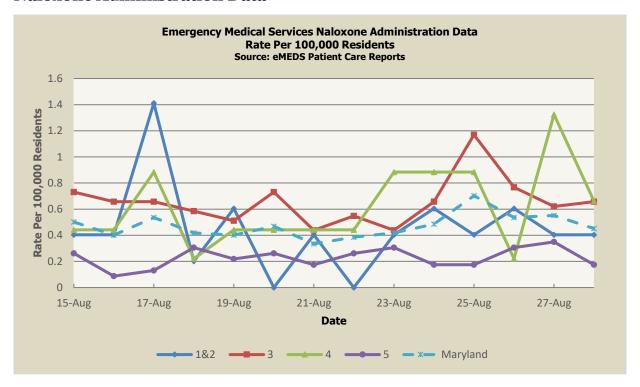


Naloxone Administration Data by Week



Disclaimer on eMEDS naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

Naloxone Administration Data



Disclaimer on eMEDS Naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. Presently, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national, and global levels are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of September 3rd, 2021, the WHO-confirmed global total (2003-2020) of human cases of H5N1 avian influenza virus infection stands at 862, of which 455 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

AVIAN INFLUENZA

AVIAN INFLUENZA (RUSSIA), 1 September 2021, Control measures applied in domestic: zoning, surveillance within containment and/or the protection zone; quarantine; screening; official disposal of carcasses, by-products, and waste; movement control inside the country; disinfection; control of wildlife reservoirs. Read More: https://promedmail.org/promed-post/?id=8638782

AVIAN INFLUENZA (BOTSWANA), 1 September 2021, Animal health authorities in Botswana have announced a suspected case of highly pathogenic bird flu at a backyard poultry farm in Bokaa village on 30 Aug [2021]. Read More: https://promedmail.org/promed-post/?id=8638511

AVIAN INFLUENZA (NETHERLANDS), 30 August 2021, Highly pathogenic influenza A viruses (infection with) (non-poultry including wild birds), Netherlands. Read More: https://promedmail.org/promed-post/?id=8632118

HUMAN AVIAN INFLUENZA

There were no relevant human avian influenza reports this week

NATIONAL DISEASE REPORTS

CORONAVIRUS DISEASE 2019 UPDATE (301), 2 September 2021, The 7-day average of new daily COVID-19 cases is now 160 506, the highest it's been since [25 Jan 2021], according to the Washington Post tracker. Read More: https://promedmail.org/promed-post/?id=8641534

SALMONELLOSIS (**USA**), 2 September 2021, Epidemiologic and laboratory data show that contact with backyard poultry is making people sick. Since the last update on 23 Jul 2021, 191 more illnesses have been added to this outbreak investigation. Read More: https://promedmail.org/promed-post/?id=8641275

AFLATOXIN - NORTH AMERICA (USA), 1 September 2021, On 17 Aug [2021], the Food and Drug Administration issued a warning letter to Midwestern Pet Foods, Inc. following plant inspections. Read More: https://promedmail.org/promed-post/?id=8638671

BURKHOLDERIA CEPACIA (PENNSYLVANIA), 31 August 2021, The Pennsylvania Department of Health, along with federal health officials, report investigating multiple clusters of non-respiratory _Burkholderia cepacia_ complex (Bcc) infections associated with ultrasound gel produced by Eco-Med Pharmaceuticals Inc. Read More: https://promedmail.org/promed-post/?id=8635786

LEGIONELLOSIS (**MAINE**), 30 August 2021, Maine health officials confirmed 4 recent cases of [legionellosis] in the Bangor area. All 4 individuals were hospitalized. The Maine Center for Disease Control and Prevention (Maine CDC) is investigating the cases to determine if there is a common exposure among them. Read More: https://promedmail.org/promed-post/?id=8633233

INTERNATIONAL DISEASE REPORTS

CHOLERA, DIARRHEA & DYSENTERY UPDATE (NIGER), 2 September 2021, The toll of the cholera epidemic which has been raging for a few months in Niger has risen to 83 deaths out of the 2336 cases recorded, i.e. a case fatality rate of 3.55%, as of 28 Aug 2021, we learned on Mon 30 Aug 2021 from the Ministry of Public Health. Read More: https://promedmail.org/promed-post/?id=8637990

ANTHRAX (**KAZAKHSTAN**), 1 September 2021, In the North Kazakhstan region, the Akzhar [Akzharskiy] district, where anthrax was found in cows, the region was divided into 4 zones, Kazinform correspondent reports. Read More: https://promedmail.org/promed-post/?id=8638661

ANTHRAX (**CHINA**), 1 September 2021, One of the 2 patients infected with anthrax in East China's Shandong Province has died, according to a weekly report issued by the Chinese Center for Disease Control and Prevention (CDC) on Tuesday [31 Aug 2021]. Read More: https://promedmail.org/promed-post/?id=8638359

SYPHILIS (**AUSTRALIA**), 1 September 2021, A spike in syphilis cases among women living in Mildura [Victoria] has health officials worried the infection will be passed onto babies during pregnancy and at birth. Read More: https://promedmail.org/promed-post/?id=8637570

E. COLI EHEC (**FINLAND**), 29 August 2021, 2 people have died in Finland as investigations into a Shiga toxin-producing _E. coli_ [or enterohemorrhagic _E. coli_, EHEC] outbreak continue. Read More: https://promedmail.org/promed-post/?id=8629673

MENINGITIS, MENINGOCOCCAL (**NEW ZEALAND**), 28 August 2021, A 21-year-old student at the University of Canterbury has died after contracting meningococcal disease. Read More: https://promedmail.org/promed-post/?id=8628864

METHEMOGLOBINEMIA (**GERMANY**), 27 August 2021, At least 7 people have suffered 'severe poisoning' after eating or drinking at a German university, police have today [23 Aug 2021] revealed. Read More: https://promedmail.org/promed-post/?id=8625515

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: http://preparedness.health.maryland.gov/ or follow us on Facebook at www.facebook.com/MarylandOPR.

More data and information on influenza can be found on the MDH website: http://phpa.health.maryland.gov/influenza/fluwatch/Pages/Home.aspx

Please participate in the Maryland Resident Influenza Tracking System (MRITS): http://flusurvey.health.maryland.gov

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

Prepared By:

Office of Preparedness and Response, Maryland Department of Health 7462 Candlewood Rd, Hanover, MD 21076

Peter Fotang, MD, MPH Epidemiologist, Biosurveillance Program

Office: 443-628-6555

Email: Peter.Fotang@maryland.gov

Jessica Acharya (Goodell), MPH Career Epidemiology Field Officer, CDC

Office: 443-628-6583

Email: Jessica. Acharya@maryland.gov

Lindsey Hall, MPH Epidemiologist, Biosurveillance Program

Office: 443-628-6550

Email: Lindsey.hall@maryland.gov

Appendix 1: ESSENCE Syndrome Definitions and Associated Category A Conditions

Syndrome	ESSENCE Definition	Category A Conditions
Botulism-like	(Botulism or (DifficultyFocusing and DifficultySpeaking) or (DifficultySpeaking and DifficultySwallowing) or (DifficultySwallowing and DifficultyFocusing) or DoubleVision or FacialParalysis or GuillainBarre or Ptosis) and not GeneralExclusions	Botulism
Fever	(Chills or (FeverPlus and (Drowsiness or Seizure)) or FeverOnly or SepsisGroup or ViralSyndrome) and not GeneralExclusions	N/A
Gastrointestinal	(AbdominalCramps or AbdominalPainGroup or Diarrhea or FoodPoisoning or Gastroenteritis or GIBleeding or Peritonitis or Vomiting) and not (GeneralExclusions or Gynecological or Obstetric or Reproductive or UrinaryTract)	Anthrax (gastrointestinal)
Hemorrhagic Illness	(FeverOrChills and (AcuteBloodAbnormalitiesGroup or BleedingFromMouth or BleedingGums or GIBleeding or Hematemesis or Hemoptysis or Nosebleed or Petechiae or Purpura)) and not GeneralExclusions	Viral Hemorrhagic Fever
Localized Lesion	(Boils or Bump or Carbuncle or DepressedUlcer or Eschar or Furuncle or InsectBite or SkinAbscess or (SkinSores and not AllOverBody) or SkinUlcer or SpiderBite) and not (GeneralExclusions or Decubitus or Diabetes or StasisUlcer)	Anthrax (cutaneous) Tularemia
Lymphadenitis	(BloodPoisoning or Bubo or CatScratchDisease or SwollenGlands) and not GeneralExclusions	Plague (bubonic)
Neurological	(([Age<75] and AlteredMentalStatus) or (FeverPlus and (Confusion or Drowsiness or Petechiae or StiffNeck)) or Delirium or Encephalitis or Meningitis or UnconsciousGroup) and not GeneralExclusions	N/A
Rash	(ChickenPox or Measles or RashGeneral or Roseola or (Rubella and not Pregnancy) or Shingles or (SkinSores and AllOverBody) or Smallpox) and not GeneralExclusions	Smallpox
Respiratory	(Anthrax or Bronchitis or (ChestPain and [Age<50]) or Cough or Croup or DifficultyBreathing or Hemothorax or Hypoxia or Influenza or Legionnaires or LowerRespiratoryInfection or Pleurisy or Pneumonia or RespiratoryDistress or RespiratoryFailure or RespiratorySyncytialVirus or RibPain or ShortnessOfBreath or Wheezing) and not (GeneralExclusions or Cardiac or (ChestPain and Musculoskeletal) or Hyperventilation or Pneumothorax)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Severe Illness or Death	CardiacArrest or CodeGroup or DeathGroup or (Hypotension and FeverPlus) or RespiratoryArrest or SepsisGroup or Shock	N/A

Appendix 2: Maryland Health and Medical Region Definitions

Health and Medical Region	Counties Reporting to ESSENCE		
	Allegany County		
Pagions 1 & 2	Frederick County		
Regions 1 & 2	Garrett County		
	Washington County		
	Anne Arundel County		
	Baltimore City		
Region 3	Baltimore County		
Region 3	Carroll County		
	Harford County		
	Howard County		
	Caroline County		
	Cecil County		
	Dorchester County		
	Kent County		
Region 4	Queen Anne's County		
	Somerset County		
	Talbot County		
	Wicomico County		
	Worcester County		
	Calvert County		
	Charles County		
Region 5	Montgomery County		
	Prince George's County		
	St. Mary's County		

